



Satellite Meeting Form

PLEASE NOTE:

All satellite meetings must be approved by the National Cancer Institute and Capital Consulting Corporation. Requests for meeting space must be received no later than May 25. Agenda for this session is due by June 7.

A. NAME OF ORGANIZATION REQUESTING SPACE

Contact Person: _____
 Contact Person's Phone Number: _____
 Contact Person's E-Mail: _____

B. TITLE OF FUNCTION OR EVENT

Indicate whether function is to be posted within the hotel. ☐ Yes ☐ No
 Post as (name of function): _____

C. DATE _____ DAY _____

TYPE OF FUNCTION: (Please indicate start and finish times.)

Number of anticipated participants _____

- ☐ Meeting (time) _____ ☐ a.m. ☐ p.m. to _____ ☐ a.m. ☐ p.m.
☐ Reception (time) _____ ☐ a.m. ☐ p.m. to _____ ☐ a.m. ☐ p.m.
☐ No food and beverage
☐ Breakfast ☐ Lunch ☐ Dinner
☐ Breakfast Break ☐ Reception hors d'oeuvres/bar

D. FUNCTION SETUP

(Please include as many details as possible.)

SEATING # _____

- ☐ Theater style ☐ Classroom style
☐ Conference style ☐ U-shape table
☐ Hollow square ☐ Banquet rounds
☐ Cocktail rounds/reception style

HEAD TABLE # _____

EQUIPMENT AND AUDIOVISUAL REQUIREMENTS

- ☐ Standing podium ☐ Microphone on podium
☐ Table lectern ☐ Tabletop microphone
☐ Wireless lavalier microphone ☐ Wireless handheld
☐ Mixer ☐ Laser Pointer
☐ Digital projector/stand with screen
☐ Flipchart easel with pad and markers
☐ Conference phone
☐ Internet connection ☐ Dial Up ☐ T1
☐ Other (explain): _____

You will receive final authorization and meeting room assignment.

E. BILLING (For use by the Baltimore Marriott Waterfront if food and beverage are a part of the event)

(To be completed before meeting space is assigned. Please type or print in block letters.)

Cardholder Information

Name as it appears on card: _____

Account type: ☐ Individual ☐ Corporate

Card Type: ☐ VISA ☐ MC ☐ AMEX ☐ Diners ☐ Other

Company Name: _____

Account Number: _____

Exp. Date: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Fax: _____

E-mail: _____

Guest Information

Guest Name: _____

Company: _____

Phone Number: _____

Confirmation Number: _____

Arrival Date: _____ Departure Date: _____

Relationship to cardholder:

- ☐ Relative ☐ Friend ☐ Business Associate ☐ Other

I certify that all information is complete and accurate. I hereby authorize Baltimore Marriott Waterfront to collect payment by processing a charge to the credit card listed above. Charges must not exceed _____ for the entire stay/event. I understand that a new form must be completed if the guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit card listed above.

Signature: _____

Meeting Room Rental/Food and Beverage/Audiovisual Pricing

Once CCC has received approval from NCI and notified you, Kerri Flynn at the Baltimore Marriott Waterfront will contact you regarding all your event menu/pricing needs.

Kerri Flynn, Senior Event Manager, Baltimore Marriott Waterfront
 410-783-1033 Phone 410-895-1846 Fax
 kerri.flynn@marriott.com

PLEASE NOTE: Meal functions must be guaranteed with the hotel 72 hours before the event. Hotel catered events for fewer than 25 will be charged a setup fee in addition to room rental.

Please complete this form by **May 25** and return to:

Jennifer Kostiuk
 Capital Consulting Corporation
 301-468-6004, ext. 424 301-468-0338 Fax
 jenniferk@md.capconcorp.com

You will be contacted when your request is approved.